

	<b>OPERATING PROCEDURE</b>	
	<b><i>OVERDOSE AND POISONING</i></b>	
	Effective Date: November 1, 1986	Revised: October 1, 2000
	Approved By: 	
Approved By Operational Medical Director: 		

## BLS

1. Identify and remove hazards (if possible), utilize personal protective measures as necessary to protect personnel. Remove patient from contaminated atmosphere/area if appropriate

***IN THE EVENT OF A HAZARDOUS MATERIALS INCIDENT, IT IS  
IMPERATIVE THAT THE PATIENT BE ADEQUATELY  
DECONTAMINATED PRIOR TO TREATMENT AND TRANSPORT AS  
APPROPRIATE.***

2. Perform initial patient assessment and obtain pertinent history. Establish the following:
  - ✓ type of agent involved (bring to Emergency Department when possible)
  - ✓ method of exposure.
  - ✓ time of exposure
  - ✓ reason for exposure
  - ✓ action taken by bystanders
  - ✓ current medications
  - ✓ state of general health
  - ✓ current pregnancy
  - ✓ cardiac disease
3. Establish and maintain patent airway, administer OXYGEN, and provide ventilatory assistance as required
4. Contact Poison Control Center (202-625-3333) for assistance, if applicable. Utilize other reference or information sources as necessary
5. Treat specific injuries as identified below:

### A.     INGESTED POISONS

- (1)     Contact Medical Control and/or Poison Control Center for direction

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### **B. INHALED POISONS**

- (1) Move patient to uncontaminated atmosphere if rescue is possible without undue risk to rescuers
- (2) Administer 100 % oxygen by non-rebreathing mask or bag valve mask if required
- (3) If patient is unconscious, refer to unconscious protocol

### **C. ABSORBED POISONS**

- (1) Remove clothing that may be contaminated
- (2) Decontaminate skin as outlined in Burn Protocol/Chemical Burns

### **D. ENVENOMATION (SNAKE AND SPIDER BITES, ETC.)**

- (1) place extremity in neutral position to prevent spread
- (2) apply wide constricting band above envenomation site; remove all jewelry
- (3) splint the involved extremity
- (4) do not allow patient to ambulate
- (5) if possible, kill the involved animal (without damaging head), place in plastic bag and bring to the Emergency Department with the patient

## **ALS ONLY**

6. **Connect patient to cardiac monitor and document rhythm strip**
7. **Establish an IV of 0.9% Sodium Chloride. Infuse at KVO rate or as required to maintain an acceptable blood pressure**
8. **Administer NARCAN for suspected narcotic overdose**
  - ☐ **Adult: not to exceed 2 mg IV/IM/SQ titrated for effect to treat respiratory depression**
  - ☐ **Pediatric: Consider dosage recommended by the Broselow Resuscitation Tape**
9. **Administer ATROPINE for suspected organophosphate poisoning**
  - ☐ **Adult: 2 to 4 mg IV/IM every 5 - 15 minutes or until signs of atropinization develop.**
  - ☐ **Pediatric: Consider dosage recommended by the Broselow Resuscitation Tape**
10. **Administer SODIUM BICARBONATE for suspected Tricyclic Antidepressant overdose**
  - ☐ **Adult: 1-2 mEq/kg IV**
  - ☐ **Pediatric: Consider dosage recommended by the Broselow Resuscitation Tape**

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### **MEDICAL CONTROL ONLY**

11. Administer **ACTIVATED CHARCOAL** as directed by Poison Control Center AND with approval of On-Line Medical Control:

  - ☐ Adult: 30 to 50 Grams
  - ☐ Pediatric: 1-2Grams/kg
12. Administer **IPECAC** as directed by Poison Control Center AND with approval of On-Line Medical Control:

  - ☐ Adult: 30 cc
  - ☐ Pediatric: (over 1 year) 15cc
  - ☐ Infant: (under 1 year) 5 to10 cc
13. Administer **BENADRYL** for suspected **Phenothiazine reactions**

  - ☐ Adult: 25 to50 mg IV/IM
  - ☐ Pediatric 1 mg/kg
14. Administer **GLUCAGON** for suspected **beta blocker or calcium channel blocker overdose**

  - ☐ Adult: 3 to 10 mg IV
15. Administer additional **NARCAN** as directed